 **VOLUNTARY AFFIRMATIVE ACTION SURVEY FORM**

To All Applicants:

Your name **MUST NOT** appear on this form. The data requested is for statistical and record-keeping purposes only. This form will not be used in evaluating your application for any position.

Richland Public Health has a commitment to Equal Employment Opportunity/Affirmative Action. There will be no discrimination on the basis of race, color, age, sex, religion, national origin, handicap, veteran status, marital status, non-job related medical conditions or disability that can be reasonably accommodated.

1. Date of

Application: Month Day Year

1. Position Applied For:
2. Birth Date: Month Day Year
3. Sex: Female Male
4. Ethnic Origin – Check one of the following

 White Black Hispanic Asian or Pacific Islander

 American Indian or Alaskan Native

1. Veteran: Yes No
2. Disabled: Yes No
3. How did you hear about the position for which you have applied?

 Newspaper Advertisement

 Friend

 Health Department Employee

 Ohio Bureau of Employment Services

 Community Action Agency

 Walk-In

 Other, Explain

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